SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION **Revised January 2015**

RECEIVED

Page 1 of 17

2018 MAY 30 AM 11: 34

COVER PAGE BRISTOL, CT

1. NAME OF COMMITTEE		
Hann	tor Council 2017	
2. TREASURER NAME		
First	MI Last	Suffix
liva	M Taulo	
3. TREASURER ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Street Address	City	State Zip Code
39 PM	d PL sonstol	CT 106010
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only if Candidate Committee)	6. DISTRICT NUMBER
(mm/dd/yyyy)	city council	(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)	
First	MI () Last ()	Suffix
Gregory	KIRahn	
8. TYPE OF REPORT (Check On Con-		
January 10 filing	7th day preceding primary 7th day preceding referendum	Initial Contribution or Disbursement (PACs ONLY)
April 10 filing	O30 days following primary O45 days following referendum	Amendment to
July 10 filing	O7th day preceding election O Deficit	Type of Report:
October 10 filing	12th day preceding election (State Central Committees Only)	
O24 Hour Independent Expenditure OPrimary OElection	O45 days following election not held in November	
9. PERIOD COVERED		
	Beginning Date Ending Date	
	10/30/17 thru $12/31/17$	
	19911	
10. CERTIFICATION		
10. CERTIFICATION		
	enalties of false statement, that all of the information set forth on the riod covered is true, accurate and complete.	nis Itemized Campaign Finance
<u> </u>	<u> </u>	1 7
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE) PRINT NAME OF SIGNER	

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name - Provide Name -	TYPE OF REPORT	<u> </u>					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) AND AND AND COLLING AD 17	TAN 10 2 PHM IMATIAN						
FIGURE TO CONTRACT TO	COLUMN A	COLUMN B					
	This Period	Aggregate					
11. Balance on hand January 1 of current year for ongoing and party committees OR	852.29	05720					
Balance on hand from day committee was formed for all other committees	1000	109.91					
12. Balance on hand at the beginning of Reporting Period	852,29	852. 29					
13. Contributions Received from Individuals (Sections A and B)	1 6						
14. Receipts from Other Committees (Sections C1 and C2)	Ø	<u> </u>					
15. Other Monetary Receipts (Sections D through K)	Ø	Ø					
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	Ø	Ø					
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed							
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	Ø	Q					
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	Ø-	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	Ø	_ Ø					
19. Expenses Paid by Committee (Section P)	850,80	850.80					
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1,49	149					
21. In-Kind Donations not Considered Contributions Received (Section L4)	Ø	\otimes					
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	Ø	Ø					
23. In-Kind Contributions Received (Section M)	0	8					
24. Refundable Deposit to Telephone Company (Section N)	P P	Ø					
25. Loan Balance	Ø	Ø					
25a. + Loans Received (Section D)	Ø	Ø					
25b. + Interest and Penalties on Loan	Ø	Q					
25c Payments on Loan	Ø	Ø					
25d. Total Outstanding Loan Amount	Ø	Ø					
26. Campaign Expenses Paid by Candidate (Section Q)	852,29	852.29					
7. Expenses Incurred on Committee Credit Card (Section R)	8						
Incurred by Committee During this Period but Not Paid (Section S)	Ø	Ø					
standing Expenses Incurred by Committee still Unpaid (Section S)	Ø	Ø					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Hann For Council 201	7	Jan 10	2000	517-Term	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	red this Period ONLY SUBTOTAL SECTION A	\$	8		
B. Itemized Co	ntributions from Indivi	duals			
Last Name	First			MI	
Residential Street Address	City		State	Zip Code	
Principal Occupation	Name of Employer		.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second liftyes, indicate which brain of government the contraction.		e contractor? Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money					
Last Name	First			MI	
Residential Street Address	City		State	Zip Code	
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?			, Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # No Is contributor a principal of a If yes, indicate which bra of government the contraction	_	e contractor? Yes No			
Method of Contribution: Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Date Received Order	Aggregate Contributions			
Last Name	First			MI	
Residential Street Address			[a]	7: 0.1	
Residential Street Address	City		State	Zip Code	
Principal Occupation	Name of Employer			, , , , , , , , , , , , , , , , , , , ,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amou	ant of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No No No If yes, indicate which brain of government the contract.	_	e contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received Order	Aggregate Contributions			
SUBT	TOTAL Section B — This	Page	K		
TOTAL	of additional Section B P	Pages	0		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections A 13, Column A of Summary Page 2		Ø		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMM	MITTEE (Provide Complet	TYPE OF REPORT	FIRE	- Fenn				
70	<u> </u>	<u>Dunal</u>	Contribution	ons from O	ther Commit	tees),(XO((· -> / (/ N/A
Name of Committee		C1. (JIIS II OIII O				
ivanie of Committee					Name of Treasure	•		
Address			•	Is this contri event report	ibution associated and the section L1? If yes, list	with an Yes No	Amount o	f Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions		
Name of Committee					Name of Treasure	ŗ	1	
Address					ibution associated yed in Section L1? If yes, list 1	with an Yes No	Amount o	f Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions		
Name of Committee					Name of Treasure			
Address		* 10. ° 4		Is this contri	hution aggregated a	with on O Vac O Na	Amount	f Contribution
				event reporte	ed in Section L1?	with an Yes No	1 xmount o	
City		State	Zip Code	Date Rece	ived .	Aggregate Contributions		
	C2 P	eimhursemen	ts or Surpl	luc Dietribi	ıtions from o	ther Committees		
Name of Committee	C2. IV	cimbui scinci	ts or surp	us Distribt	Name of Treasure			
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	nent for shared e	evnense OS	urplus Distribution		Amoun	t of Receipt
Description		Okennoursen	lent for shared 6	expense Os	urpius Distribution			
2 0001 puon								
Name of Committee		***************************************			Name of Treasure	:	I	
Address		·		City			State	Zip Code
	Expenditure #				w.r			
Date Received	(if applicable)	Payment Type Reimburse	ement for share	d expense	Surplus Distributi	on	Amoun	t of Receipt
Description							7	
			SUBTO	OTAL Sectio	n C — This P	age 🛇		
	A second second		TOTAL	of additiona	l Section C Pa	ges Ø		
. <u>V</u>		ALL COMMIT C1 + C2) (Enter					<u> </u>	

						······	
NAME OF COMMITTEE (Provide Complete Name as Registered with	TYPE QF	REPORT	- From				
18/11 - 2 - 000 =		α_1	~ / 0				
Name of Lender			Source of Loan:				Date of Receipt
			Bank Ca	andidate 🔘	Individua	al Other Committee	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	1					1	Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: Bank Ca	andidate (Individua	al Other Committee	Date of Receipt
Street Address	City		<u> </u>		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				1			Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan:				Date of Receipt
			OBank OCa	andidate 🔘	Individua	al Other Committee	Bate of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
			TOTAL SEC	ΓΙΟΝ D			<u> </u>
E. Receipts from Entities other the	han Indiv	viduals	or Other Con	nmittees	(Referei	ndum Committe	es ONLY)
Name of Entity							
Street Address				Date Re	eceived		Amount Received
City		State	Zip Code	Aggreg	gate Contri	butions	
Name of Entity	······································			I			
Street Address			, alando a construir de la con	Date Re	eceived		Amount Received
City		State	Zip Code	Aggreg	gate Contri	butions	
Name of Entity							
Street Address		***************************************		Date Ro	eceived	The state of the s	Amount Received
City		State	Zip Code	Aggreg	gate Contri	butions	
		1	TOTAL SEC	TION E		A	<u> </u>
						<u> </u>	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (P)	rovide Complete Name as Regiss	ered with Filing Re	epository)				TYPI	E OF REPORT	
Mahn-	the Cont							an 10 9017 - 46W	
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)									
Date of Receipt	Is this transaction assoc event reported in Section		OYes No	If yes, lis	t Event#			Amount	
Date of Receipt		Is this transaction associated with an event reported in Section L1? Yes If yes, list Event #						Amount	
Date of Receipt		Is this transaction associated with an event reported in Section L1? Yes If yes, list Event #					Amount		
Date of Receipt	Is this transaction assoc event reported in Sectio		OYes No	If yes, lis	t Event#			Amount	
	•			TO	TAL SE	CTION	F		
G. Amount Trans	sferred from Affilia	ted Labor U	Union o	r Other	Organiz	zation T	reas	ury (Organization Committees ONLY)	
Date of Receipt		Date of Receipt						Receipt	
Amou	nt		A	mount				Amount	
	·			тот	AL SEC	ΓΙΟΝ G			
Н.	Personal Funds of	the Candid	ate Rec	eived tl	nis Perio	d (Cand	idate :	Committees ONLY)	
Date of Receipt	Method of payment:							Amount	
	OCash	O Pe	ersonal Che	eck	O Credi	it/Debit Ca	ırd		
Date of Receipt	Method of payment:							Amount	
	OCash	O Pe	ersonal Che	eck	O Credi	it/Debit Ca	ırd		
Date of Receipt	Method of payment:							Amount	
	OCash	O Pe	ersonal Che	eck	Credi	it/Debit Ca	ırd		
Date of Receipt	Method of payment:							Amount	
	OCash	O Pe	ersonal Che	ck	O Credi	it/Debit Ca	ırd		
				7	TOTAL S	ECTIO	NΗ	Ø	
								,	
		I. And	onymou	s Contr	ibutions				
	3.11		~	•• -		-			
Per	Public Act 11-48,	Anonymou	us Cont	ributio	ns may r	io longe	er be	deposited in any	

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

Revised January 2015	1. MONE IAKT RECEIPTS (S	ections A	1.	<u>x)</u>	1 mgc / 011/
NAME OF COMMITTEE (Provide Complete N	Name as Registered with Filing Repository)		TYPI	E OF REPORT	2/
Hannga, C	WUYUV		_	Jan 105	TIME - TELL
	J. Interest from Deposits in Authorize				
Name of Institution			Date !	Received	Amount
Street Address	City	St	ate	Zip Code	
Name of Institution		<u> </u>	Date 1	Received	Amount
Street Address	City	St	ate	Zip Code	
	/				
	TOTAL	SECTION	IJ		
K. Mi	iscellaneous Monetary Receipts not Consi	dered Cor	ıtril	butions	
Name				Date of Transaction	Amount Received
Street Address	City		Star	te Zip Code	
Description	·				
Name			T	Date of Transaction	
ivanie				Date of Transaction	Amount Received
Street Address	City		Star	te Zip Code	
			<u></u>	L	
Description					
Name				Date of Transaction	Amount Received
Street Address	City		Stat	te Zip Code	
Description			1		
Name				Date of Transaction	Amount Received
Street Address	City		Sta	te Zip Code	
Description					
	MODULA ON C	TT 10 1 1 1 1	Т		
	TOTAL SEC	TION K			
SUMMAI	RY OF OTHER MONETARY RECEIPT	S (Section	s D	through K)	
Total Loans Received this Period (Sect	tion D)				
Total Receipts from Entities other than	Individuals or Other Committees (Section E)	-	+		
Total Amount Transferred from Affilia	ated Business Treasury (Section F)		+		
Total Amount Transferred from Affilia	ated Labor Union or Other Organization Treasury	(Section G)	+		
Total Amount of Personal Funds of the	e Candidate Received this Period (Section H)		+		
Total Amount of Interest from Deposit			+		
Total Miscenaneous Monetary Receipt	s not Considered Contributions (Section K) Total of Other I	Monata	+ Doo	oints	
(Add s	Total of Other I Sections D through K) (Enter total on Line 15, Column	•		^ I />	5

II. EVENT ACTIVITY (Sections L1—L5)

		/							
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	1.10	1 2100					
tani torcouna		<u>van</u>	10 ~	+6117					
	t Information								
Event # Date of Event Letter Description			Was this a f	iundraising event?					
Location: Street Address	City		State	Zip Code					
Subpart 1: (All Committees)									
Was this event hosted at a personal residence?	OYes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) O No								
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No								
Was this fundraiser a tag sale, auction, or other sale of donated items	OYes (If yes, enter Total Reco	eipts here:)							
with purchases from an individual of up to \$100?	O _{No}		\$						
Subpart 2: (Party Committees, Municipal Candidates and Political Committee there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Purchases of Adver		a Program Book					
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass	OYes (If yes, enter Total Reco	ainte hara)	F						
gathering held within the state with this fundraiser?									
	O _{No}								
Event # Description			W 41-: C						
Date of Event Letter			Was this a fi	undraising event? ONo					
Location: Street Address	City		State	Zip Code					
Subpart 1: (All Committees)									
Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No								
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	O Yes (If yes, go to Section L and complete required O No		not Considere	d Contributions					
Was this fundraiser a tag sale, auction, or other sale of donated items	Yes (If yes, enter Total Rec	eipts here.)							
with purchases from an individual of up to \$100?	_	·	. \$						
C.L. 12 (D. 1 C	O No	<i>a</i> • • • • •	<u> </u>						
Subpart 2: (Party Committees, Municipal Candidates and Political Comm. Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section La or on a Sign and comp	Purchases of Adver		a Program Book					
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$						
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page							
	ion L1—Subpart 3 <i>(Town Commit</i> ipts from Food Purchases — '								
	TOTAL of additional Section	L1 Pages							
	IPTS FROM SMALL PUF Line 16a, Column A of Summary	4	B						

Page 9 of 17 II. EVENT ACTIVITY (Sections L1—L5) Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: Business Entity Other O Individual/Sole Proprietorship Zip Code Street Address City Aggregate Purchases for All Events Date Received Event # **Amount of Sign Purchase Amount of Program Ad Purchase** Name of Purchaser Purchase Made By: O Business Entity Other O Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events **Amount of Program Ad Purchase Amount of Sign Purchase** Purchase Made By: Name of Purchaser OBusiness Entity Other O Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events **Amount of Program Ad Purchase Amount of Sign Purchase** Purchase Made By: Name of Purchaser Business Entity Other Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events **Amount of Program Ad Purchase Amount of Sign Purchase** Name of Purchaser Purchase Made By: Business Entity Other O Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events **Amount of Program Ad Purchase Amount of Sign Purchase**

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages

(Enter total on Line 16c, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTI	EE (Provide Complete Name as Regi	istered with Filing Repository	"		TYPE OF REPOR	Γ				
1 Stal	nto (1	s fundic	701 T		Tar	7	0-	torn		
	L4. In-Kind Donations Not Considered Contributions									
Name of Donor										
Street Address			City				State	Zip Code		
Donation Given By:	Description of Donation					Fair l	Market Va	lue of Donation		
Business Entity										
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event					
C Sole Proprietorship										
Name of Donor										
Street Address			City		7,		State	Zip Code		
Donation Given By:	Description of Donation	****			***************************************	Fair I	Market Val	ue of Donation		
Business Entity										
OIndividual	Date Received	Event #		Aggregate Value for	this Event					
Sole Proprietorship										
Name of Donor										
Street Address			City		***		State	Zip Code		
Donation Given By:	Description of Donation		*			Fair l	Market Va	ue of Donation		
Business Entity										
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for	this Event					
O sole Proprietorship										
Name of Donor										
Street Address			City				State	Zip Code		
Donation Given By:	Description of Donation					Fair I	Market Val	ue of Donation		
Business Entity										
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for t	his Event					
Sole Proprietorship										
		SUBT	OTAL Section	L4 — This Page						
				· · · · · · · · · · · · · · · · · · ·						
		TOTA	L of additional	Section L4 Pages	3					
тот	TAL OF ALL IN-KIND DO (Ent	NATIONS NOT COL ter total on Line 21, Co				1	ζ.			
		-	-			/1	/			
				•						

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro		TYPE OF REPORT			
Hama	or Council oc	17		Jan 10 tem	
L5. I	n-Kind Donations Not Consider	ed Contributions Associa	ited with a I	House Party	
Name of Host			committee?	supporting more than one candidate or Yes No No omplete Itemization in Addendum L5	
Street Address		City	1 3,500,000	State Zip Code	
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate		
Name of Host			committee?	supporting more than one candidate or OYes ONo omplete Itemization in Addendum L5	
Street Address		City	· · · · · · · · · · · · · · · · · · ·	State Zip Code	
Description of Donation		L		Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate		
Name of Host		•	committee?	supporting more than one candidate or OYes ONo omplete Itemization in Addendum L5	
Street Address		City	·	State Zip Code	
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate		
Name of Host			committee?	supporting more than one candidate or OYes ONo omplete Itemization in Addendum L5	
Street Address		City	1 20 1	State Zip Code	
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate		
		SUBTOTAL Section L5 —	This Page	<u> </u>	
	TO	OTAL of additional Section	L5 Pages		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li	Γ CONSIDERED CONTRI ine 22, Column A of Summary		Ø	

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

Revised January 2015	11. 110	111110	IND LAIN.		ندر	AII 15 (Section	112 1AT-	-0)		
NAME OF COMMITTEE (Provide Complete	Name as R	egistered with	Filing Repository	v)		2		F REPORT	· · · ·	
Hann te	M	M)CU	K 0	100	_		50	enic) - 74	erm_
27			M. In-Ki	ind Con	ıtri	ibutions				
Name										
Street Address					Cit	у			State	Zip Code
Type of contributor: Committee	Date Rece	ived	Aggregate Con	tributions	1	Description of In-Kind	Contributio	n		
OIndividual / Sole Proprietorship Oother	1							2000		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		business he/she			for a chief executive o with have a contract with Yes No				Market Value S Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	S Yes No	If yes,	ator a principal indicate which ernment the con	branch or	bra	ractor or prospective stanches Executive	_	ŎNo		
Name										
Street Address					City	у			State	Zip Code
Type of contributor: Committee OIndividual / Sole Proprietorship Other	Date Rece	ived	Aggregate Cont	ributions	l	Description of In-Kind (Contribution	n		1
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ontributor or	business he/sh			e for a chief executive of with have a contract w				Market Value s Contribution
Is this contribution associated with an event reported in Section L1?	Yes No	If yes,	tor a principal of indicate which	branch or	ontra		_	Q _{No}		
If yes, list Event #		of gove	rnment the con	tract is with	n:	Executive	Legisia	ative		
Street Address					City	у		× · · · · · · · · · · · · · · · · · · ·	State	Zip Code
Type of contributor: OCommittee	Date Recei	ived	Aggregate Cont	ributions	<u> </u>	Description of In-Kind (Contribution	n		
OIndividual / Sole Proprietorship Oother					_					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sh			e for a chief executive of with have a contract w Yes No				Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal of indicate which rnment the con	branch or	bra	actor or prospective sta	_	Q _{No}		
ig yes, list 24 one ii		or gove				etion M — This Pag		nive		
						onal Section M Page				3.
TOTAL OF ALL IN-KIND CON	TRIBU	ΓΙΟΝS (E					_			
	N.	Refund	dable Depo	sit to T	ele	phone Compan	v			7
Last Name of Individual			1	First		1 1	J	MI	Date Depos	sit Made
Residential Street Address			City				State	Zip Code		Amount of Deposit
Name of Telephone Company			L							
Street Address			City			Т	State	Zip Code	_	
			City				State	Zip Code		
TOTAL SE	ECTION	N (Enter	total on Line 2	4, Column	Αo	of Summary Page Tota	ls)	(/))	

IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository,	201		ТҮРЕ	OF REPORT		+
	enuta con co	<u> </u>	P itto Com		ani	$O \sim 0$	16 m
Name of Issuing Instit	R. Expenses Incurre	Type of Cred		uit Card			
Traine of issuing lists.		O Visa	Master Ca	ard ODisco	over OAmerica	an Express	s Other:
Name of Vendor, Person o	r Entity					Date of T	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	iture)	Independ	ndent)B Oc () D		
Name of Vendor, Person o	r Entity					Date of T	Transaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event#			Amount
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	S	UBTOTAL S	Section R — T	This Page			
	ТО	ΓAL of addit	ional Section	R Pages			
то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin				S	5	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE			ГҮРЕ ОБ	REPOR	RT	7	.)		
gann to course 201+ Jan			$\Delta \Box$	\mathcal{O}^{\sim}	Term				
	S. Expenses Incurred by Con	nmittee but Not Paid	During	g this F	Period	i			
Name of Creditor					Date Incurred				
Street Address		City					State	Zip Code	
Purpose of Expenditure (by code)	Description	Event#					Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require	ed unless "None of the below'	" is checke	ed)					
(i) appricavies	None of the below Coordinated with reimbursement sought (joint exper	nditure) Organ	pendent nization:	у Ов	Oc	ОD			
Name of Creditor							Date Incurr	ed	
Street Address		City					State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #					ount Incurred imate or Actual)	
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Name of Creditor							Date Incurr	ed	
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Purpose of Expenditure (by code)	Description		Event #				1	ount Incurred imate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the second o	Indep	" is checke pendent nization:		Oc	Op			
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		TOTAL of additional Se	ection S P	Pages					
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DUR (Enter total on	RING THIS PERIOD BU Line 28, Column A of Sumn							
	Previously reported Ex	xpenses Unpaid and still (Outstand	ling					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)						Ø			
				······································			,		

IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYI	TYPE OF REPORT					
Kinhy the Council 2017					Jan 10 Rm					
T. Itemization of Reimbursements and Secondary Payees										
Last Name of Worker/Cons	ultant	First				MI		Payment to Vendor,		
							Person o	or Entity		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Reimburse Section P:	Committee	Worker/Consultant as		
					Chec		_ Q De	ebit Card OEFT		
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code		
								.l		
Purpose of Expenditure (by code)	Description			Event #				Amount		
(4)										
Expenditure #	T CT V. Marie die in Allender T. Berrie	d and an Wilson a	£4h a h alaum	is abaakad)						
(if applicable)	Type of Expenditure (Itemization in Addendum T Require	a uniess Avone o	j ine below" i	s спескеи)						
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	Coordinated without reimbursement sought (in-kind		Organi:	zation: o A	ов о	$\mathbf{C} \circ \mathbf{D}$				
Last Name of Worker/Cons	ultant	First				MI	Date of	Payment to Vendor,		
Subtriality of Worker Cons.							Person o	or Entity		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Reimburse Section P:	Committee	Worker/Consultant as		
					Chec		O De	ebit Card OEFT		
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City		•			State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #				Amount		
(by code)										
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	ed unless "None o	f the helow" i	is chackad)						
(if applicable)	None of the below	a uniess 11one o	j ine below i	is checkeuj						
	Coordinated with reimbursement sought (joint expen	diture)	O Indepe	endent 🔿	\sim					
	O Coordinated without reimbursement sought (in-kind	contribution)		zation: o A	ов о	$\mathbf{C} \circ \mathbf{D}$				
Last Name of Worker/Cons	ultant	First				МІ	Date of	Payment to Vendor,		
							Person	or Entity		
		E								
Name of Vendor, Person or					o Reimburse Section P:	Committee	Worker/Consultant as			
					Chec		_ O Debit Card OEFT			
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code		
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Purpose of Expenditure (by code)	Description			Event #				Amount		
(oy code)										
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(if applicable)	Type of Expenditure (Itemization in Addendum T Require	a uniess "None o	j tne below" i	is cneckeu)						
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SUBTOTAL Section T — This Page										
TOTAL of additional Section T Pages										
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VORKERS A	ND CONS	ULTAN	rsl	(/	()	·		
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Revised January 2015

IV. EXPENDITURES (Sections P—T)

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Hann for Council 2017			Jan	UHM			
P. Expenses Paid by Committee							
Name of Payee	rage InK		Date of Payment	Method of Payment: O Check # O Debit Card OEFT			
Street Address	ine Road	Newington	1	State Zip Code			
Purpose of Expenditure (by code)	Description	Ever	nt #	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	re) Independent	AOBOCOD	\$50.80			
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card O EFT			
Street Address)	City		State Zip Code			
Purpose of Expenditure (by code)	Description	Even	t#	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	e) Independent	<i>ed)</i>)A () В () С () D				
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card EFT			
Street Address		City	•	State Zip Code			
Purpose of Expenditure (by code)	Description	Even	t#	Amount			
Expenditure # (if applicable)							
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card EFT			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description	Even	t#	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contract)	re) Independent	A B OC D				
SUBTOTAL Section P — This Page 50, 80							
TOTAL of additional Section P Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Mann tor Course 2017			Jan 11) - 781m				
7	Q. Campaign F	Expenses Paid by Can	didate	e			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reimbursement claimed?		
				Ì	0	Yes O No	
Street Address		City			State	Zip Code	
D CE 1'	In		In	"	-	<u> </u>	
Purpose of Expenditure (by code) Every Description			Event	.#		Amount	
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Name of Pavee (Name of	Vendor, Person or Entity who candidate paid directly)		L	Date of Payment	Is reim!	bursement claimed?	
Transc Off a yee (France of Verlaur, Ferson of Emaly who canadane plan affectly)				Date of Laymont			
	•					Yes O No	
Street Address		City		<u> </u>	State	Zip Code	
Purpose of Expenditure	Description		Event #			Amount	
(by code)							
				,			
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?		
						Yes No	
Street Address		City			- C+-+-	Trin Codo	
Savot radioss		City			State	Zip Code	
Purpose of Expenditure	Description		Event	t #		Amount	
(by code)	•						
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?		
						Yes O No	
						165 0 140	
Street Address		City			State	Zip Code	
D CE II	In the		Event	"	 	<u> </u>	
Purpose of Expenditure (by code)	Description		Event	.#		Amount	
Name of Pavee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is raim!	bursement claimed?	
	, common para ancomy			Bate of Laymont			
						Yes O No	
Street Address		City			State	Zip Code	
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Purpose of Expenditure (by code)	Description		Event	#		Amount	
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N CD (N C				In an	1		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reiml	bursement claimed?	
						Yes O No	
Street Address		City		1	State	Zip Code	
Purpose of Expenditure	Description		Event	#		Amount	
(by code)							
		CUDTOTAL Costion O	TL:	a Domo	17	Γ	
		SUBTOTAL Section Q	I NI	s rage		*	
				N N~/	Com		
		TOTAL of additional Sect	tion Q	Pages K	SP		
		EXPENSES PAID BY CA			XX	7)	
	(Enter total on	Line 26, Column A of Summa	iry Page	e Totals)	\cup_{i} 0		